

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 2 | | | | | |
| 34 | 2 | | | | | |
| 35 | 2 | | | | | |
| 36 | 2 | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | * | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
| 41 | 1 | | | | | |
| 42 | 2 | | | | | |
| 43 | 2 | | | | | |
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| TOTAL IND. | 3 | ↓ | | | ↓ | |
| TOTAL DEP. | 42 | 50 | ← | ← | ← | ← |
| TOTAL CLAIMS | 45 | | | | | |

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| TOTAL IND. | | | ↓ | | | |
| TOTAL DEP. | | ← | ← | ← | ← | ← |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS